

County: Burnett
 CAPESIDE COVE GOOD SAMARITAN CENTER
 23926 4TH AVENUE SOUTH
 SIREN 54872 Phone:(715) 349-2292

Facility ID: 2040

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Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/02): 94
 Total Licensed Bed Capacity (12/31/02): 94
 Number of Residents on 12/31/02: 91

Ownership: Nonprofit Church/Corporation
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 86

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		
Home Health Care	No					1 - 4 Years		35.2
Supp. Home Care-Personal Care	No					More Than 4 Years		41.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6.6			23.1
Day Services	No	Mental Illness (Org./Psy)	20.9	65 - 74	12.1			-----
Respite Care	No	Mental Illness (Other)	5.5	75 - 84	26.4			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	49.5	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.5	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.1		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	17.6		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	24.2	65 & Over	93.4	-----		
Transportation	Yes	Cerebrovascular	7.7		-----	RNs		11.1
Referral Service	No	Diabetes	3.3	Sex	%	LPNs		4.6
Other Services	No	Respiratory	3.3	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	16.5	Male	30.8	Aides, & Orderlies		
Mentally Ill	Yes		-----	Female	69.2			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0			2	3.2	122	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.2
Skilled Care	10	100.0	259			57	90.5	104	0	0.0	0	17	100.0	136	0	0.0	0	0	0.0	0	84	92.3
Intermediate	---	---	---			4	6.3	87	1	100.0	140	0	0.0	0	0	0.0	0	0	0.0	0	5	5.5
Limited Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0				63	100.0		1	100.0		17	100.0		0	0.0		0	0.0		91	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02				

		% Needing				Total
Percent Admissions from:		Activities of	%	Assistance of	% Totally	Number of
Private Home/No Home Health	10.3	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	6.2	Bathing	1.1	82.4	16.5	91
Other Nursing Homes	1.0	Dressing	16.5	67.0	16.5	91
Acute Care Hospitals	82.5	Transferring	46.2	37.4	16.5	91
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	27.5	51.6	20.9	91
Rehabilitation Hospitals	0.0	Eating	65.9	28.6	5.5	91
Other Locations	0.0	*****				
Total Number of Admissions	97	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	1.1	Receiving Respiratory Care		12.1
Private Home/No Home Health	16.8	Occ/Freq. Incontinent of Bladder	50.5	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	23.2	Occ/Freq. Incontinent of Bowel	11.0	Receiving Suctioning		1.1
Other Nursing Homes	8.4			Receiving Ostomy Care		2.2
Acute Care Hospitals	12.6	Mobility		Receiving Tube Feeding		2.2
Psych. Hosp.-MR/DD Facilities	1.1	Physically Restrained	8.8	Receiving Mechanically Altered Diets		5.5
Rehabilitation Hospitals	2.1					
Other Locations	1.1	Skin Care		Other Resident Characteristics		
Deaths	34.7	With Pressure Sores	0.0	Have Advance Directives		50.5
Total Number of Discharges		With Rashes	4.4	Medications		
(Including Deaths)	95			Receiving Psychoactive Drugs		64.8